

Notice of Intent: UST Permanent Closure or Change-In-Service

FOR
TANKS
IN
NC

Return Completed Form To:
The appropriate DEM Regional Office according to the county of the facility's location. [SEE REVERSE SIDE OF OWNER'S COPY (BLUE) FOR REGIONAL OFFICE ADDRESS].

RECEIVED
State: NC
Number: 1993
Date: 1-7-93

INSTRUCTIONS

Complete and return thirty (30) days prior to closure or change-in-service.

I. OWNERSHIP OF TANK(S)

Tank Owner Name: Southeast Airport
(Corporation, Individual, Public Agency, or Other Entity)
Street Address: 6328 Monnett Road
County: Guilford County
City: CLIMAX State: NC Zip Code: 27233
Tele. No. (Area Code): (919) 674-7663

II. LOCATION OF TANK(S)

Facility Name or Company: SAME
Facility ID # (if available):
Street Address or State Road:
County: City: Zip Code:
Tele. No. (Area Code):

III. CONTACT PERSON

Name: Helen W. Williams Job Title: Vice President Telephone Number: (919) 674-7663

IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN-SERVICE

1. Contact Local Fire Marshall.
2. Plan the entire closure event.
3. Conduct Site Soil Assessments.
4. If Removing Tanks or Closing in Place refer to API Publications. 2015 "Cleaning Petroleum Storage Tanks" & 1604 "Removal & Disposal of Used Underground Petroleum Storage Tanks".
5. Provide a sketch locating piping, tanks and soil sampling locations.
6. Fill out form GW/UST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation.
7. Keep records for 3 years.

V. WORK TO BE PERFORMED BY:

(Contractor) Name: FOUR SEASONS INDUSTRIAL SERVICES, INC.
Address: P O BOX 16590 State: GREENSBORO, NC Zip Code: 27416-0590
Contact: MICHAEL G. STONEMAN Phone: (919) 273-2718

VI. TANK(S) SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY		
			CLOSURE		CHANGE-IN-SERVICE
			Removal	Abandonment In Place	New Contents Stored
#1	10,000	Gasoline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
#2	3,000	Gasoline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title

MICHAEL G. STONEMAN (CORPORATE UST PROGRAM MANAGER)

*Scheduled Removal Date: 2-8-93

Signature: Michael G. Stoneman - FS151

Date Submitted: 1-7-93

*If scheduled work date changes, notify your appropriate DEM Regional Office 48 hours prior to originally scheduled date.